



EqualityCare Pharmacy News

Dear Providers:

December 10, 2009

Recent Wyoming DUR recommendations have been approved by the Department of Health Office of Pharmacy Services and will be implemented in various therapeutic drug categories. There are **MANY** changes that will take effect **JANUARY 6, 2010**; please refer to www.wyequalitycare.org for the Preferred Drug List, Clinical Criteria and Prior Authorization Forms.

NEW THERAPEUTIC CATEGORIES/PREFERRED DRUG LIST CHANGES (Effective 01/06/2010)

THERAPEUTIC CATEGORY	PREFERRED MEDICATIONS
ANALGESICS – LONG ACTING NARCOTICS (CIIs)	fentanyl patches, morphine sulfate <i>Note: BRAND Duragesic is no longer preferred. However, to allow pharmacies time to adjust their inventory, clients may receive brand Duragesic until 02/02/2010.</i>
ANALGESICS – SHORT ACTING NARCOTICS (CIIs)	codeine sulfate, hydromorphone, morphine sulfate, oxycodone, oxycodone/APAP, oxycodone/ASA
ANTIDEPRESSANTS	STEP 1: bupropion ER/SR, citalopram, fluoxetine, paroxetine IR, sertraline, mirtazapine 15mg, 30mg, 45mg STEP 2: bupropion XL, Lexapro, paroxetine CR, venlafaxine ER STEP 3: Aplenzin, Cymbalta, Effexor XR, Pristiq <i>Note: Brand Wellbutrin XL is no longer a Step 2 antidepressant.</i>
DIABETES AGENTS	acarbose, Actos, glimeperide, glipizide, glyburide, metformin, Starlix
DIABETES AGENTS REQUIRING CLINICAL CRITERIA	Byetta, Janumet, Januvia and Onglyza will require a 90-day trial of metformin and no concomitant use of insulin.
FIBROMYALGIA AGENTS	STEP 1: amitriptyline, cyclobenzaprine STEP 2: Savella STEP 3: Cymbalta, Lyrica
HEPATITIS C-INTERFERONS	Pegasys
INSOMNIA AGENTS	zaleplon, zolpidem <i>Note: Lunesta is no longer preferred.</i>
MESALAMINE AGENTS	Apriso, Asacol, Pentasa (250mg only)
MIGRAINE AGENTS	Maxalt MLT, sumatriptan <i>Note: Maxalt and Relpax are no longer preferred.</i>
MULTIPLE SCLEROSIS	Avonex, Betaseron, Copaxone, Rebif
OSTEOPOROSIS BISPSPHONATE	alendronate, Boniva
OSTEOPOROSIS NASAL CALCITONIN	calcitonin-salmon, Fortical
PROTON PUMP INHIBITORS	omeprazole, Kapidex <i>Note: Prevacid and Prilosec OTC are no longer preferred.</i>
TRAMADOL AGENTS	tramadol

NEW DOSING LIMITS: (Effective 1/06/2010):

- **INCONTINENCE PRODUCTS** Max 13/day-**BRIEFS**
Max 13/day-**DIAPERS**
Max 13/day-**LINERS**
Max 13/day-**PADS**
- **TREXIMET** Max 10 tablets/34 days

MISCELLANEOUS INFORMATION: (Effective 1/06/2010):

- **FACTOR PRODUCTS** Factor Products will be subject to SMAC pricing. Wyoming EqualityCare reimburses the lesser of SMAC, FUL, AWP – 11%, or submitted ingredient cost +\$5 dispensing fee, Usual and Customary, or Gross Amount Due, whichever is less.
- **INCONTINENCE PRODUCTS** Washcloths will **NOT** be covered.
- **KITS** Prior Authorization will be required for **ALL** kits.
- **PROVIGIL** Will be approved for clients ≥ 16 years of age with the following diagnosis: narcolepsy, obstructive sleep apnea or shift work sleep disorder. A diagnosis of MS fatigue will require a fatigue severity scale score of 5.0, a 60-day trial of amantadine **and** discontinuation of medications that may contribute to drowsiness and fatigue. Non-preferred agents will require a 14-day trial and failure of Provigil prior to approval.
- **STIMULANTS** In addition to the current criteria, stimulants will be approved for clients with the following diagnosis: narcolepsy, obstructive sleep apnea or shift work sleep disorder. A diagnosis of MS fatigue will require a fatigue severity scale score of 5.0, a 60-day trial of amantadine **and** discontinuation of medications that may contribute to drowsiness and fatigue. A diagnosis of depression will require a 6-week trial and failure of an antidepressant (monotherapy) and continued concomitant use of the antidepressant with the stimulant.
- **SYNAGIS** Will be limited to **5 doses per season** and each dose must be at least a **28-day** supply or greater.
- **VACCINES** Gardasil will be covered for clients ≥ 19 years of age.

PHARMACY ADMINISTERED IMMUNIZATIONS: PRESCRIBER NPI

When a Wyoming Equality Care pharmacy provider prescribes and administers immunizations, the billed claim should include the prescribing pharmacist's NPI whenever possible. However, if the prescribing pharmacist does not have a NPI number of their own, the pharmacy's NPI number may be entered as the "prescriber". Wyoming Equality Care suggests that all licensed immunizing (prescribing/administering) pharmacists obtain and use their own NPI number, but will allow the pharmacy NPI number to be used. The "dispensing provider" should be the Pharmacy's NPI as usual.